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INFORMED CONSENT FOR IMPLANT PLACEMENT

The doctor has explained the benefits and risks of dental implants to me. I understand that implants involve the placement of a titanium root form structure into the bone. I further understand that implant treatment is complex and includes the need for proper prosthetic restoration. I also understand that the placement of the implant device and associated risks are separate from the restoration of the implant and associated risks.

I understand that the implant fixture may require a second surgery, usually four to nine months later to uncover the implant device. At the time of this second surgery it is occasionally necessary to add more gum or bone in the area. If this is the case there will be additional fees for these services.

I understand the number and location of implant devices will depend on the availability of adequate bone to support the implant and the number of teeth that need to be replaced. There may be involvement of the sinus cavities when the implants are placed in the upper jaw. Surgery in the upper back areas of the mouth runs the risks of sinus perforations.

Alternate treatments have been explained to me. It has been explained to me that one option is to do nothing. I understand the risks of no treatment may include, but are not limited to: loss of bone and gum tissue; jaw joint problems, headaches, and referred pain; sensitivity, inflammation, infection, and migration of teeth.

I understand and accept the treatment recommended for me by the doctor. I further understand that there may be some unwanted complications, some of which are listed below. No guarantees have been made or implied. I also understand that implant supported prosthesis requires continuing professional monitoring, may require additional treatment in the future, and success is dependent upon home care. I realize implants may become loose and need to be removed or replaced at additional costs. All of my questions have been addressed.

Treatment risks/unwanted consequences may be (but are not limited to):

- Reaction to medications/anesthetic
- Temporary or permanent numbness or tingling of the lip, chin, faces, tongue, and gums
- Damage to nearby teeth and restorations
- Post treatment bleeding
- Post treatment infection
- Post treatment tissue swelling and bruising
- Post treatment sensitivity and pain
- Post treatment tissue shrinkage that can result in negative cosmetic consequences that would require further treatment to correct. If further treatment is undertaken there will be additional surgical fees.
- Failure of implant integration

The restorative fees are separate from the implant placement fees and are not covered by this agreement.

I acknowledge that no guarantees or assurances have been given by anyone as to the results that may be obtained. I certify that I have read and fully understand the above consent to the operation(s).

I have discussed all of the above with the doctor and have had all of my questions answered.

Patient Signature: _____

Date: _____

Witness (Staff Member): _____

As part of this consent agreement, I give my personal pledge as a healthcare professional dedicated to the well-being of my patient to make every reasonable effort to assure this patient receives the best possible care with the least possible risk.

Doctor: _____